



Postcards from the Journey

Example Report Form for Documenting TEIS District Office/Area Progress
On Implementation of
Tennessee's Early Intervention Service Coordination Training
Partners on a Journey of Hope

Identify district and name(s) of TEIS approved trainer(s) who conducted the training:
North/South District-Tammy Trainer and Assistant Tammy Trainer

Module # , date, and location of training:	Name(s) and affiliation of all attendees.	Portfolio completed? If yes, list date validated:	List make-up dates, if any and describe extenuating circumstances, if any:	If other agencies provide service coordination in this TEIS district, list name and affiliation of co-trainers who participated in presenting training:
Module 2, 10-04-05, TEIS Office	Sally Coordinator, TEIS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 10-28-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Susie Coordinator, DMRS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 10-28-05	10-08-05 make-up Circumstances: illness Portfolio due 10-30-05	Tracy Trainer, DMRS, The Hope Center
	Sam Coordinator, TEIS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 10-30-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Savannah Coordinator, DMRS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 10-30-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Steve Coordinator, TEIS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 10-28-05	n/a/	Tracy Trainer, DMRS, The Hope Center

Please send this report to the state office along with *TEIS District Quarterly Case Report*.

Module # , date, and location of training:	Name(s) of all attendees. List attendee's affiliation beside their name:	Portfolio completed? If yes, list date validated:	List make-up dates, if any and describe extenuating circumstances, if any:	If other agencies provide service coordination in this TEIS district, list name and affiliation of co-trainers who participated in presenting training:
Module 3, 11-02-05, TEIS Office	Sally Coordinator, TEIS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 11-28-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Susie Coordinator, DMRS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 11-26-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Sam Coordinator, TEIS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 11-30-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Savannah Coordinator, DMRS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 11-28-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Steve Coordinator, TEIS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 11-26-05	n/a	Tracy Trainer, DMRS, The Hope Center
Module 4, 12-04-05, TEIS Office	Sally Coordinator, TEIS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 12-20-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Susie Coordinator, DMRS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 12-20-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Sam Coordinator, TEIS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 12-18-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Savannah Coordinator, DMRS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 12-20-05	n/a	Tracy Trainer, DMRS, The Hope Center
	Steve Coordinator, TEIS	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no Date: 12-20-05	n/a	Tracy Trainer, DMRS, The Hope Center
		<input type="checkbox"/> yes <input type="checkbox"/> no Date:		
		<input type="checkbox"/> yes <input type="checkbox"/> no Date:		
		<input type="checkbox"/> yes <input type="checkbox"/> no Date:		

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		<input type="checkbox"/> yes <input type="checkbox"/> no Date:		
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		<input type="checkbox"/> yes <input type="checkbox"/> no Date:		
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